

### **IC 12-15-2.3**

#### **Chapter 2.3. Presumptive Eligibility for Women With Breast or Cervical Cancer**

##### **IC 12-15-2.3-1**

###### **Applicability of chapter**

Sec. 1. This chapter applies to a woman who is eligible for Medicaid under IC 12-15-2-13.5.

*As added by P.L.152-2001, SEC.3.*

##### **IC 12-15-2.3-2**

###### **"Qualified entity"**

Sec. 2. As used in this chapter, "qualified entity" means an entity that:

- (1) is eligible to receive payments and provide items and services under this article;
- (2) provides outpatient hospital services, rural health clinic services, and any other ambulatory services offered by a rural health clinic, or clinic services furnished by or under the direction of a licensed physician; and
- (3) meets all other requirements set forth in 42 U.S.C. 1396r-1b(b)(2).

*As added by P.L.152-2001, SEC.3. Amended by P.L.7-2015, SEC.34.*

##### **IC 12-15-2.3-3**

###### **Qualified entities to establish eligibility**

Sec. 3. A qualified entity may establish the presumptive eligibility of a woman described in section 1 of this chapter.

*As added by P.L.152-2001, SEC.3.*

##### **IC 12-15-2.3-4**

###### **Identity of qualified entities**

Sec. 4. The office shall consider the following to be qualified entities:

- (1) A disproportionate share provider under IC 12-15-16-1(a) or IC 12-15-16-1(b).
- (2) A federally qualified health clinic.
- (3) A rural health clinic.

*As added by P.L.152-2001, SEC.3.*

##### **IC 12-15-2.3-5**

###### **Qualified entities provided with application forms and information**

Sec. 5. The office shall provide each qualified entity with the following:

- (1) Application forms for Medicaid.
- (2) Information on how to assist a woman described in section 1 of this chapter in completing and filing the application forms.

*As added by P.L.152-2001, SEC.3.*

### **IC 12-15-2.3-6**

#### **Period during which services provided**

Sec. 6. The office shall provide Medicaid services to a woman described in section 1 of this chapter during a period that:

- (1) begins on the date on which a qualified entity determines on the basis of preliminary information that the woman is eligible for Medicaid under IC 12-15-2-13.5; and
- (2) ends on the earlier of the following:
  - (A) The date on which a determination is made by a representative of the county office with respect to the eligibility of the woman under IC 12-15-2-13.5.
  - (B) The last day of the month following the month in which the qualified entity makes the determination described in subdivision (1).

*As added by P.L.152-2001, SEC.3.*

### **IC 12-15-2.3-7**

#### **Woman's eligibility determined by qualified entity**

Sec. 7. A woman described in section 1 of this chapter may only have a presumptive eligibility determination made by an entity described in section 2 of this chapter.

*As added by P.L.152-2001, SEC.3.*

### **IC 12-15-2.3-8**

#### **Actions taken after establishment of eligibility**

Sec. 8. A qualified entity that determines that a woman described in section 1 of this chapter is presumptively eligible for Medicaid shall do the following:

- (1) Notify the office of the determination within five (5) working days after the date on which the determination is made.
- (2) Inform the woman at the time a determination is made that an application for Medicaid is required to be made at the county office in the county where the woman resides or an enrollment center (as provided in IC 12-15-4-1) not later than the last day of the month following the month during which the determination is made.

*As added by P.L.152-2001, SEC.3.*

### **IC 12-15-2.3-9**

#### **Completion of application**

Sec. 9. If a woman described in section 1 of this chapter is determined to be presumptively eligible for Medicaid under this chapter, the woman must complete an application for Medicaid as provided in IC 12-15-4 not later than the last day of the month following the month during which the determination is made.

*As added by P.L.152-2001, SEC.3.*

### **IC 12-15-2.3-10**

#### **Expired**

*(As added by P.L.152-2001, SEC.3. Expired 12-31-2013 by P.L.278-2013, SEC.9.)*

#### **IC 12-15-2.3-11**

##### **Reimbursement for care during presumptive eligibility**

Sec. 11. If a woman described in section 1 of this chapter is:

(1) determined to be presumptively eligible for Medicaid under this chapter; and

(2) subsequently determined not to be eligible for Medicaid; a qualified entity under section 4(1) or 4(2) of this chapter that determined that the woman was presumptively eligible for Medicaid shall reimburse the office for all funds expended by the office in paying for care for the woman during the woman's period of presumptive eligibility.

*As added by P.L.152-2001, SEC.3.*

#### **IC 12-15-2.3-12**

##### **Rules**

Sec. 12. The office shall adopt rules under IC 4-22-2 to implement this chapter, including rules that may impose additional requirements for qualified entities that are consistent with federal regulations.

*As added by P.L.152-2001, SEC.3.*

#### **IC 12-15-2.3-13**

##### **Annual appropriation to provide services**

Sec. 13. There is annually appropriated to the office of the secretary of family and social services from the state general fund an amount sufficient to provide services to those individuals eligible for Medicaid under IC 12-15-2-13.5 and this chapter.

*As added by P.L.16-2009, SEC.18.*